## 2000 ANNUAL REPORT FORM CLASS B Recycling Centers

## (January 1, 2000 through December 31, 2000)

Facility Name:	Facility ID#:								
Reported By:	Date:								
· · ·	(Please Print)			_					
<b>County of Origin:</b>	(use separate sheet for each County of Origin)								
List Materials in <u>Tons</u>									
Municipality(ies)	15	17	19	20	22	27	30	Total	
Total									
Total									
15-Tires 19-Leaves 22-Asphalt, Concrete, Asphalt Roofing, Brick and Block 30-Wood Scraps (unpainted and non-chemically treated)					17-Trees, Tree Parts and Brush 20-Tree Stumps 27-Petroleum Contaminated Soil				
I certify that the information	mation entered a	above is tru	ie to the be	st of my kı	nowledge.				
Signatura		Title			Date	a.			

## THIS FORM MUST BE RECEIVED BY MAY 1, 2001

New Jersey Department of Environmental Protection Division of Solid and Hazardous Waste Bureau of Recycling and Planning PO Box 414 Trenton, NJ 08625

Attn: Tracy Young